

CITY AND SCHOOL DISTRICT OF READING
2006 EMPLOYER/SELF EMPLOYED
EARNED INCOME TAX



Name _____

Address _____

City, State, Zip _____

SEE BACK FOR INSTRUCTIONS

TOTAL WAGES PAID/EARNED THIS QTR	_____
MULTIPLY BY TAX RATE *	_____
PENALTY, (1/2 of 1% per month)	_____
INTEREST,(1/2 of 1% per month)	_____

TOTAL AMOUNT DUE

Employee Name	Social Security #	Employee Address	City Resident (Y/N)	Taxable Earnings for QTR	Tax Withheld
TOTALS					

DATE _____

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund, and collection of local taxes by calling the Tax Administration Division at (610) 655-6337, during the hours of 8:00a.m. to 4:00 p.m., Monday thru Friday

INSTRUCTIONS:

1. Make check payable to City of Reading
2. Return this form with payment
3. Mail to Tax Administration, 815 Washington St.,
Reading, PA 19601-3690
4. Phone: (610) 655-6334; Fax: (610) 655-6242; TDD (610) 655-6442
5. Receipt will not be valid until check is negotiated.
6. If check is accompanied by self-addressed, postage- paid envelope, receipt will be returned.
7. Please DO NOT send cash.